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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/084,575	
	Filing Date	February 27, 2002	
	First Named Inventor	Nair et al	
	Art Unit	1654	
	Examiner Name	Tate	
Total Number of Pages in This Submission	9	Attorney Docket Number	NP4039.1.P2

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ENCLOSURES (check all that apply)		
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<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lynn Schwenning
Signature	
Date	12/30/2003

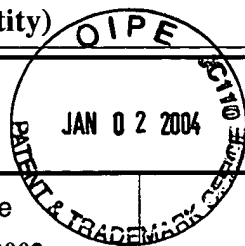
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Typed or printed name	Ramona Gerke	Date	December 30, 2003
Signature			

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
(Large Entity)

Docket No.
NP4039.1.P2

In Re Application Of: Nair et al



Serial No.
10/084,575

Filing Date
February 27, 2002

Examiner
Tate

Group Art Unit
1654

Invention:

Dietary Food Supplement Containing Natural Cyclooxygenase Inhibitors and Methods for Inhibiting Pain and Inflammation

TO THE COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 7/30/2003 above-identified application.
Date


The requested extension is as follows (check time period desired):

☐ One month ☒ Two months ☐ Three months ☐ Four months ☐ Five months

from: 10/30/2003 until: 12/30/2003
Date Date

The fee for the extension of time is **\$420** and is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **01-1793**
☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **01-1793**


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Dated: 12/30/2003

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